

## SOUTH CAROLINA DEPARTMENT OF INSURANCE

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MARK SANFORD Governor

**SCOTT RICHARDSON Director of Insurance** 

APPLICATION FOR:

## Service Contract Provider Registration PURSUANT TO SOUTH CAROLINA TITLE 38, CHAPTER 78

	DO NOT WRITE IN T	HE FEE AREA IMMEDIATELY BELOW	
Application Fee	RECEIPT NUMBER		
\$200	DO NOT V	WRITE ABOVE THIS LINE	
		TION MUST BE TYPED OR PRINTED IN INK.	
1. Name of Provider:	NOTE: ALL INI ONWA	HOW MOOT BE THE BORT KINTED IN INK.	
2. Assumed Name (s) (Attach a separate sheet)	or "Doing Business As" et if necessary)	(DBA) Name (s):	
3. Physical Location:	STREET ADDRESS MUST BE	DESIGNATED BELOW. (A license will not be issued to a P.O. Box.)	
Number, Street, Suite No., Apt. No.			
City		State Zip Code PONDENCE) (P.O. Box is allowed for this address.)	
Number, Street, Suite N	lo., Apt. No.	State Zip Code	
5. Telephone Number:		6. Fax Number:	
-			
7. Federal ID Number:			
8. Contact Person:			
Name		Title	
Phone		Email	
9. Business Structure:	Corporation Limited	d Partnership    Limited Liability    Company Sole Proprietorship	
10. Indicate what types of product are covered by the service contracts for which this company is the obligor.			
☐ Vehicles ☐	Electronics	ance Other (Please specify)	

11.	Copy of Certificate of Authority must be submitted with the registration application. Application for a Certificate of Authority can be obtained from the South Carolina Secretary of State's Office by calling (803) 734-2158.		
	Website Addresses/Administrators/Sellers		
12.	Not later than the 30th day after the date of a providers initial registration, the provider must provide Department with:		
	A list of Internet Website addresses through which a consumer may purchase the provider's service contracts, if any; A list of administrators appointed by this provider including the administrators name, assumed name, street address, and telephone number if any; and A list of sellers of the provider's service contract, if any. Include the name, assumed name, street address, and telephone number. You may exclude a seller that is an employee of the provider, or a business with a physical		
	location in South Carolina, at which a consumer may purchase a service contract.  These lists must be updated upon renewal.		
40	Controlling Persons		
	Attach a Service Contract Provider Biographical Affidavit for each controlling person of the Provider applying or registration. You can view and download the biographical affidavit form at www.doi.sc.gov.		
;	A controlling person is defined as an individual who:  1. possesses direct or indirect control of at least 25% of the voting securities of a corporation;  2. possesses the authority to set policy and direct the management of a business entity;  3. is the president, the secretary, or a director of a corporation; or  4. is a general partner of a partnership.		
	An individual who is a controlling person of a corporation or other business entity that is the general partner of a limited partnership is a controlling person of the limited partnership.		
	Financial Security Requirements		
	Indicate the method used to meet the financial security requirements as described in South Carolina Code,		
	Fitle 38, Chapter 78, Section 38-78-30 by checking the appropriate box.		
	Reimbursement insurance policy. If you choose this option please attach a copy of the policy.		
	Funded reserve account and financial security deposit. You must indicate the type security deposit placed in trust with the Director of Insurance. Attach the appropriate form.		
	Surety Bond Stand by Letter of Credit Assignment for Deposited Securities Deposit of Cash or Equivalents		
	\$100 Million minimum net worth.		
	Attach most recent Form 10K or Form 20-F or Parent's Audited Financial Statement		
	Notice Regarding Applicable Fees		
15.	If you submit an insufficient fee amount with this application, or submit an outdated application form, it may be returned to you. To verify the correct form version and required fees, consult the SCDOI web site ( <a href="www.doi.sc.gov">www.doi.sc.gov</a> ) or contact SCDOI using the information at the top of this page.		
	A \$200 fee is required with this application - Application fees are not refundable		
	STATEMENT OF APPLICANT		
16.	I certify that I will comply with all applicable provisions of Title 38, Chapters 78 of the South Carolina Code of Laws. I		
	certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this form may result in the revocation of the registration or imposition of administrative penalties for the Provider under which this form is required.		
	Authorized Signature Date Signed		
	Printed Name Title		